



PATENT APPLICATION

5/A
3-18-04
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Imed Gharsalli et al.

Application No.: 10/092,333

Filed: March 6, 2002

For: Input/Output Interface Control

Attorney Docket No.: 01-484

) Art Unit: 2674

) Examiner: Kimnhung T. Nguyen

) Paper No.: 5

Peoria, Illinois 61629-6490

March 12, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

Sir:

In response to the Official Action dated December 17, 2003, please amend the above-identified application as follows:

INTRODUCTORY COMMENTS

Reconsideration of the claims is respectfully requested. Claims 1-15 remain in the application.

2674



Please type a plus sign (+) inside this box ☐

PTO/SB/21 (08-00)
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/092,333 |
| | Filing Date | 03/6/2002 |
| | First Named Inventor | Imed (NMI) Gharsalli ET AL. |
| | Group Art Unit | 2674 |
| | Examiner Name | Kimnhung T. Nguyen |
| Total Number of Pages in This Submission | Attorney Docket Number | 01-484 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | RECEIVED MAR 17 2004 Technology Center 2600 |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Steve D. Lundquist, Registration No. 42,816 |
| Signature | |
| Date | March 12, 2004 |

| CERTIFICATE OF MAILING | | | |
|--|--------------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope address to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: 03/12/2004 | | | |
| Typed or printed name | Steve D. Lundquist | Date | 3/12/04 |
| Signature | | | |

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